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APPLICANTS

Edward A Dennis, LaJolla, CA;
 Ajun Wang, Sammamish, WA;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <input type="checkbox"/> Examiner's Signature <input type="checkbox"/> Initials				

ADDRESS

STACY L. TAYLOR
 DLA PIPER US LLP
 4365 Executive Drive, Suite 1100
 San Diego, CA92121-2133

TITLE

CLONED HUMAN LYSOPHOSPHOLIPASE

FILING FEE RECEIVED 527	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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